

Louisiana's Implementation of Infant and Early Childhood Mental Health Consultation (IECMHC)

Introduction: You're listening to a podcast from the Center of Excellence for Infant and Early Childhood Mental Health Consultation. Established by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015, the Center of Excellence is a combined effort of SAMHSA, the Health Resources and Services Administration (HRSA), and the Administration for Children and Families (ACF). The Center of Excellence's mission is to support states, tribes, and communities in using Infant and Early Childhood Mental Health Consultation, or IECMHC, as a tool for promoting mental health and school readiness.

Cairone: I'm Karen Cairone, technical assistance manager with the Center of Excellence. Today we're talking with Dr. Alison Boothe, associate professor of Psychiatry, and director of Infant and Early Childhood Mental Health Consultation and Support at Tulane University School of Medicine. Dr. Boothe will be sharing her experiences leading up IECMHC in the state of Louisiana.

Thank you for joining us today.

Boothe: Thank you for having me! Glad to be here!

Cairone: Could you begin by just briefly explaining Louisiana's approach to IECMHC at the state level?

Boothe: Certainly. So, IECMHC has been a primary support of early education settings since our first QRIS, or Quality Rating and Improvement System, which began in 2007. So we've really been an integral part of supporting child care centers since we first started that statewide support system. We are a combined model, so we provide programmatic and child-centered consultation and we're statewide. So we have a contract through the Department of Education, and then Tulane subcontracts with local nonprofit agencies around the state. So we have community agencies that our consultants are hired through, that then go out and provide services to child care centers in their region. And we have about twelve consultants in the region, and they in-across the state, and they work with Centers every other week, or every week, depending on the size of the Center. And then Centers are eligible for follow-ups, and for an additional six months as time goes by. So we've been in operation for almost ten years now.

Cairone: And as you got started with IECMHC, what were some early obstacles and just the startup process to implementation?

Boothe: Well, there were a lot when we were developing the model and trying to decide how to roll it out statewide. Some of the beginning ones we're really just planning and defining our model. So looking at those nuts and bolts of, "How often are we going to visit? How long are we going to stay in programs? How many child care centers do we want to serve in the course of a year?" And then things like: "What kind of agreements do we need to sign with the director? How do we track our consultants' work?"

So there was a lot of thought and planning, and reaching out to other people, and trying to figure out what was happening in other places. That was probably the first one. And then finding licensed mental health professionals to do this new work, so finding people that had some experience with young children, who are interested in going into child care centers. That was definitely a dilemma, and a hurdle we had to get over.

Once we had our team and we had our model set up, the next hurdle that we had was getting into centers, marketing ourselves, helping people understand what this service was. And then differentiating our services from other supports that were out there. “So how is what you're going to offer me as a as an Infant and Early Childhood Mental Health consultant different from what a coach or a TA that we already have in our center is offering?” So sort of from the larger more model side, down to getting into the center and helping people know what we're doing.

Cairone: So I hear you, you know, talking about several different obstacles of getting the team together and setting up your model and then helping everyone understand the services that were provided. I know you've had some time to look through the Center of Excellence IECMHC toolbox, and I'm wondering if you could share with us a little bit about how you think some of those resources might have helped should they have been around at the beginning of your startup, when you were just getting things off the ground?

Boothe: Yes, well as I first started going through the tool box I kept saying “Oh! I wish I would have had this!” and “Hey! I can even use this now!” There are so many things there that are useful and would have been useful.

I'll start with capacity and dosage consideration now, which was in the Models section. It was so nice to get those answers that we were grasping at straws for and figuring out “Who can we call?” and “Where are they doing this?” To really have it written down, and having questions that would have helped guide us through what our expectations are, what our funders expectations are, how many centers we need to serve to help narrow down, and sort of as a funnel, get down to what would be the capacity of our team and what sort of dosage we would be able to provide.

And then also things like supervision. So what is our capacity for supervision? How much supervision reflective and administrative we would need for our team? Things like case load expectations: how many centers should a consultant have at one time? So that part, hugely helpful.

And then also the *Communication Resources* were really nice. Thinking about letting funders know what you're doing. We had a change from the beginning of our consultation program we had a contract through the Department of Child and Family Services, that's sort of where we grew up. And then the entire early childhood section was transferred to the Department of Education, about four years ago, in Louisiana and so we then had to help the Department of Education understand what this mental health consultation thing was, and there is a wonderful PowerPoint presentation with great slides that mirrored some of the things that we worked really hard to come up with, and it would have been so nice to have that as the backbone to start with.

One of the things I'm really excited about, and I'm actually going to start using very soon, is the *Crosswalk of Early Childhood Services*. And it's such a nice, simple piece of a graph, piece of paper. It's quick you, can print it out, that compares mental health consultation role to coaches and TAs. Because even now, as we've been in the state for almost ten years, a lot of people know what we're doing, but when new centers come in to the program they still wonder, "Well what is it that you're doing that's different?" And having that quick reference, that we could even take into early education settings with us, will just be so helpful.

And then also the Workforce Development section. There's a training qualification grid that I just really like. And I think I'm going to even use that now, for when we bring new subcontractors on, to help them understand this is what we're looking for when you start advertising and interviewing. So, so many different things that are useful now and would be very useful in starting a new program.

Cairone: Well thank you, Dr. Boothe, for highlighting a few of those resources, and I think could you- as you navigated the toolbox for the first time, I know there's over sixty resources in that toolbox, would you offer any advice as others start to navigate and kind of dig through that for the first time, any advice that you would give or share?

Boothe: Yes, there is plethora of information and could almost be overwhelming, I think certainly, what I did, and which was helpful, was going through that getting starting section, to really orient myself to what I was going to be getting into. And then, how I approached it, and this seems to be working so far, was to kind of skim through the different sections, to get a sense of what is in each section, and then to go back and go in more depth, because as you go through each section there are links that take you to other places that could help you figure out what your questions are. And so I think doing it over a longer period of time is probably good and really diving deep into each of those sections, maybe for a few hours at a time. Take a break and go back. But the nice part about it is knowing that it's there. So you can go back to it you don't have to worry about saving it to a folder on your computer or printing something out you know that you can just go back to it and there it will be for you and that is a hugely helpful part of it.

Cairone: So Dr. Boothe, could you tell us a little bit about your role as it relates to supporting IECMHC in the state of Louisiana?

Boothe: So my role has been co-developing the model, before we first started. And then directing the statewide program. So that since 2006 is when we piloted, in 2007 is when it started. And, as part of that role, it combines everything from partnering with our subcontracting agencies to hire consultants and then training them, providing reflective supervision, providing ongoing training, we do two two-day and service trainings a year, where we bring all the consultants and together from across the state. But it also is larger than that, and so sometimes it's continuing to get the word out about early childhood mental health and how mental health consultation supports that. So it's sort of ebbs and flows between being the bigger part, and reaching out and finding new partners, and the smaller part, which is just as important, but you know the individual supervision and training of consultants. It's been a wonderful fit. I will say, I started this when I was a postdoc, before I became a licensed clinical psychologist, so it's been my complete professional work since I entered the field.

Cairone: And what kind of ongoing challenges do you face in your role?

Boothe: One of the challenges that is continual, is that of funding. We've been very lucky that we've been consistently funded. We're funded, like I said before, through a subcontract with the Department of Education, and it's through the CCDF or the Child Care Development Block Grants, and we're part of that CCDF quality set aside. So it's federal money, so that way at least it flows through the states, and we are not susceptible to the ebbs and flows of state budget cuts. But, our state does spend a good amount of that quality set aside on mental health consultation and so we're very thankful for that but we know that it's something that could change. And one of the other things around funding is that we are limited in serving those child care centers that except publicly funded children.

So that's those are the parameters around our funding in this state. And so we are consistently looking at ways to serve more children. So we've, used private grant foundation funding, and, for about three or four years, had mental health consultation services to elementary schools, pre-k through second grade. That's one way we were able to grow, but that funding is not something that's as consistent. And then I'm also part of the Project LAUNCH team here in Louisiana, where we're able to serve, through mental health consultation, family child care homes, and home providers, and primary care physicians offices. So I'm consistently looking at how can we take this model that we know that works, and serve a greater number of children, families, and providers.

Cairone: And how would the toolbox support some of those funding challenges, and I'm sure there are many resources that you've accessed in other situations, but I know the toolbox does have a section on financing and funding, so I'm wondering what resources within there you feel might help with those challenges?

Boothe: Certainly, the Financing and Funding section. And one of the-one of the parts that I remember reading that it helps me think about funding in a different way, was approaching funding from a relationship perspective, which really fits with Infant and Early Childhood Mental Health Consultation and with infant mental health, because we are relationship based. And so instead of thinking of it as "I have to go out and find funding" instead thinking of it as "I need to make relationships with those groups, with community members, with state personnel, to help them understand what we're doing, and form that relationship, so that they want to go out and figure out how can we support young children and their caregivers."

And having that switch in my head in how to approach financing, makes it, I think, more comfortable for me, as a psychologist, and not as a business person. But it also kind of flips financing around and it says "Let's get people to understand the importance of this work, so that they are looking for ways to fund it." as opposed to putting all the onus on the providers and saying "Let's figure out how people can get people to pay us to do this work." So I felt like that was a really important and helpful part of that Financing section.

Cairone: That's excellent! Thank you for sharing that. And could you tell us a few of your big success stories and with your statewide implementation. Are there things that you'd like listeners to hear about some great things happening in the state of Louisiana in IECMHC?

Boothe: Yeah, I think one of the things that I am most impressed with, and it makes me feel really good looking back over the years, are the partnerships that we've developed with other groups and agencies that are supporting early childhood education. Agencies that have contracts to provide coaching or TA. Being able to look at how we can partner together to work with child care centers, it's been really nice.

And also looking at our subcontracting agencies. We have so many wonderful partners across the state of Louisiana that have fully embraced Early Childhood Mental Health Consultation, and the impact that it has on young children, and their families, and their caregivers, and their communities. And we now have multiple champions for this work, and for young children across the state. And those long-term partnerships, and the new partnerships that were forming (we're bringing on a new subcontractor right now), it's just been so exciting to watch that grow and see how that happened.

But then also on an individual level, I think the thing that makes me most proud of this program is our satisfaction surveys. So at the end of six months, we give all the directors and teachers that we work with a satisfaction survey, and they turn them in. And they're pretty much "they like us", but the part that I really like about it is there's a section at the end, where they can write in their thoughts. And we ask for things, you know, areas of growth, and we ask for, you know, "Are things that you liked?" And reading through those, (and we actually de-identify them and also send them to our consultants because it's really powerful for them as well) for reading through those at the end of the year, which is when we usually put them all together, is amazing.


I've had so many people say, "This is the most amazing thing. Thank you for coming in and supporting us." And we had one director that put down that the Infant and Early Childhood Mental Health Consultation support that she had from her consultant was the most useful support that the state had provided, and that she'd been in child care for over twenty years, and this is what she thinks is most helpful for her teachers, her parents, and her children. And that one has always stood out to me, because that's what we're trying to accomplish. We want people to use our services, to feel supported by our services, and to be able to call upon us when they need us. And I loved how she captured that in, you know, one sentence for us.

Cairone: Absolutely right. And multiple champions across the state and great satisfaction from your users feeling supported, I think that's what IECMHC is really all about.

Well thank you, Dr. Boothe. I just want to tell you how helpful this was. Just sharing the information that you did, about all of your successes, and some of the obstacles and challenges you've overcome, and how you think this toolbox will be a useful resource for the field. So thank you so much for being with us today.

Boothe: Well thank you so much. It was a treat to get to come talk with you and your listeners about Infant and Early Childhood Mental Health Consultation. It's what I get to do every day, and so I would really enjoy getting to share our experiences. Thank you for having me.

Cairone: Thank you for listening to the podcast!



For more on Infant and Early Childhood Mental Health Consultation, including the Center of Excellence toolbox, which is a collection of over sixty original resources put together by the Center with experts in the field, please visit us at our website <https://www.samhsa.gov/iecmhc>.

That's www.samhsa.gov/iecmhc.

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